

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Medical Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request prompt medical care for [specific medical concern or condition], which has been affecting [briefly describe how it impacts your daily life or health]. Despite previous attempts to address this issue, [explain any relevant previous medical consultations or treatments], the situation has not improved and now requires urgent attention.

Given the nature of my condition, I kindly ask for an expedited appointment or evaluation at your earliest convenience. I believe that immediate medical intervention is necessary to ensure [explain any potential consequences of delay].

Please let me know the earliest possible date and time for an appointment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]